DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

the specification of which: (check one)

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

POINT OF SALE ENHANCED MANAGER/OPERATOR OVERRIDE SYSTEM

	ittached hereto.			
XXX und	ier Attorney's Docket N	umber RPS920010	017US1	
as a	Application Serial No I was amended on			
and	was amended on		(if applicable).	
l hereby st including th	tate that I have review ne claims, as amended	ed and understand by any amendment	the contents of referred to above	the above identified specification, e.
	dge the duty to disclos nce with 37 CFR 1.56.	e information whic	h is material to t	the patentability of this application
or inventor	's certificate listed bel	ow and have also	identified below	ny foreign application(s) for patent any foreign application for patent oplication the priority of which is
Prior Foreign Application(s):				Priority ClaimedNo
(Number)	(Countr	y) (Filing Date)	
application is not disc paragraph patentabilit	(s) listed below and, i closed in a listed pri of 35 USC 112, I	nsofar as the subje or United States a acknowledge the s defined in 37 CF	ect matter of eac application in the duty to disclose TR 1.56 which o	USC 120 of any United States the of the claims of this application he manner provided by the first ose information material to the courred between the filing date of this application:
(Applicatio	n Serial #)	(Filing Date)		(Status)
I hereby o	dooloro that all state	monte mode horei	n of my own l	knowledge are true and that all

fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may

jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Customer No.: 25299

Send correspondence to J Bruce Schelkopf, IBM Corp., PSG Legal Dept., Dept. 9CCA/Bldg. 002-2, P. O. Box 12195 Research Triangle Park, NC 27709 and direct all telephone calls to J Bruce Schelkopf at (919) 543-4753.

FULL NAME OF INVENTOR: Thomas Joseph Prorock INVENTOR'S SIGNATURE: Thomas Joseph Prorock RESIDENCE: 121 Benedict Lane; Raleigh, North Carolina 27614 COUNTRY OF CITIZENSHIP: United States of America	DATE: <u>5-l-2001</u>				
POST OFFICE ADDRESS: None					
POST OFFICE ADDICESS. Notice					
FULL NAME OF INVENTOR: William J. Noonan					
INVENTOR'S SIGNATURE:	DATE: 15/1/200/				
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COUNTRY OF CITIZENSHIP: United States of America

POST OFFICE ADDRESS: None